



CASE # _____

CITY OF COUNCIL BLUFFS, IOWA
REZONING APPLICATION

APPLICANT _____ PHONE/FAX (daytime) _____
ADDRESS _____ EMAIL ADDRESS _____

STATUS: Property Owner ____ Legal Option Holder ____ Contract Purchaser ____ Owner's Authorized Agent ____

OWNER (if other than applicant) _____
MAILING ADDRESS _____ PHONE/FAX (daytime) _____

REPRESENTED BY _____ PHONE/FAX (daytime) _____
ADDRESS _____ EMAIL ADDRESS _____

CURRENT ZONING _____ PROPOSED ZONING _____
CURRENT LAND USE _____
PROPOSED LAND USE _____

ADDRESS OR LOCATION OF PROPOSED REZONING

LEGAL DESCRIPTION OF PROPOSED REZONING

REASON(S) FOR REZONING REQUEST

ATTACHMENTS

1. Proof of ownership.
2. Title holders/contract purchasers within 200 feet of the boundary of the property requested for rezoning.
This list must include name, property address, billing address and legal description.
3. Filing fee - \$200.00 - Nonrefundable Make checks payable to Council Bluffs City Clerk

I certify that the information presented with this application is true and correct to the best of my knowledge.

Signature _____ Date _____